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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 04-01-2009 and ending 03-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Family Giving Tree

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
606 Valley Way

City or town, state or country, and ZIP + 4
Milpitas, CA 95035

D Employer identification number
77-0284682

E Telephone number
(408) 946-3111

G Gross receipts $ 3,327,673

F Name and address of principal officer
JENNIFER CULLENBINE PIETR
606 Valley Way
Milpitas, CA 95035

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ familygivingtree org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1991 | **M** State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
FULFILL THE WISHES OF CHILDREN IN NEED WHILE INSPIRING PHILANTHROPY, KINDNESS AND VOLUNTEERISM

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	7,200
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	3,555,838	3,262,479
9	Program service revenue (Part VIII, line 2g)	53,529	52,713
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,769	5,724
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	771	2,459
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,623,907	3,323,375
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,965,745	1,942,150
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	825,300	759,511
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶199,005		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	406,280	450,455
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,197,325	3,152,116
19	Revenue less expenses Subtract line 18 from line 12	426,582	171,259

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	1,495,458	1,706,340
21	Total liabilities (Part X, line 26)	137,775	151,297
22	Net assets or fund balances Subtract line 21 from line 20	1,357,683	1,555,043

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2010-09-21
Signature of officer | Date

JENNIFER CULLENBINE PIETRASIK EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LAWRENCE S KUECHLER	Date 2010-09-21	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BERGERLEWIS ACCOUNTANCY CORP 55 ALMADEN BLVD STE 600 SAN JOSE, CA 95113			EIN ▶ Phone no ▶ (408) 494-1200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE FAMILY GIVING TREE EXISTS TO PROVIDE THE EXACT HOLIDAY WISH, OR A BACKPACK FILLED WITH SCHOOL SUPPLIES TO THOSE CHILDREN IN THE MOST NEED IN OUR COMMUNITIES WHILE STRIVING TO INSPIRE THE VALUES OF KINDNESS, PHILANTHROPY AND VOLUNTEERISM

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,908,404 including grants of $ 1,376,001) (Revenue $ 52,713)

Holiday Wish Program - The Family Giving Tree works with 244 Bay Area social service agencies These agencies supply the Organization with the names and wishes of the children they serve year- round A wish card is printed for each child, detailing age, gender, first name and holiday gift wish These wishes are then displayed at over 1,000 Bay Area host companies and school locations, often on trees, in their lobbies and other public areas It is the generosity of employers, employees, customers and students that make this program a success By selecting a wish card, individuals pledge to purchase a gift for a child in need In addition, the Organization maintains a Virtual Giving Tree on its website www familygivingtree org The Organization hosted approximately 6,400 volunteers in 220,000 square feet of donated warehouse space in December 2009 to wrap and distribute the children's gifts During the year ended March 31, 2010, the Family Giving Tree provided holiday gifts to approximately 63,000 children in 15 Bay Area counties and the California Central Valley NATIONAL EXPANSION - THE ORGANIZATION ALSO PLANS TO EXPAND ITS HOLIDAY WISH PROGRAM TO SERVE CHILDREN NATIONWIDE LOCALLY AND VIA THE INTERNET THE PAST 7 YEARS SAW THE DEVELOPMENT OF A VERY SUCCESSFUL ONLINE PLATFORM, MYTWOFRONTTEETH ORG, WHICH PROVIDED GIFTS FOR THOUSANDS OF BAY AREA CHILDREN FORMERLY PARTNERS WITH THE FAMILY GIVING TREE, MYTWOFRONTTEETH ORG MERGED WITH AND INTO THE FAMILY GIVING TREE IN MAY 2007 IN ADDITION, THE FOUNDERS AND CREATORS OF MYTWOFRONTTEETH ORG NOW SIT ON THE BOARD OF DIRECTORS OF THE FAMILY GIVING TREE THE CITIES CURRENTLY BEING SERVED AS PART OF THE NATIONAL EXPANSION ARE AUSTIN, SEATTLE AND PORTLAND

4b (Code) (Expenses $ 689,192 including grants of $ 417,518) (Revenue $)

Back-to-School Backpack Program - Using a method of operation similar to the holiday wish program, The Family Giving Tree's newer program provided school supplies and backpacks to approximately 14,000 very-low income children in the fall of 2009 THE ORGANIZATION HOSTED APPROXIMATELY 600 VOLUNTEERS IN 220,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN AUGUST 2009 TO PACK AND DISTRIBUTE THE CHILDREN'S BACKPACKS Long range plans call for expansion of at least 10% per year

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 2,597,596

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U S Information Returns Enter -0-* if not applicable	1a	4		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 11		
b	Enter the number of voting members that are independent . .	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Jess Gutierrez
606 valley way
Milpitas, CA 95035
(408) 946-3111

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Todd Yoshida DIRECTOR	1 00	X						0	0	0
BILL CILKER JR DIRECTOR & TREASURER	1 00	X		X				0	0	0
David Selinger DIRECTOR	1 00	X						0	0	0
Josh McFarland DIRECTOR	1 00	X						0	0	0
Larry Sacks DIRECTOR	1 00	X						0	0	0
Lori Yu DIRECTOR & VICE CHAIR	1 00	X		X				0	0	0
LARRY ROGERS DIRECTOR & CHAIRMAN	1 00	X						0	0	0
THEO OLSEN DIRECTOR & SECRETARY	1 00	X		X				0	0	0
CRISTINA PIASECKI DIRECTOR	1 00	X						0	0	0
JONATHAN HICKS DIRECTOR	1 00	X						0	0	0
JENnifer Cullenbine Piet EXECUTIVE dIRECTOR	40 00	X		X				145,374	0	1,384
DAVID BRATTON-KEARNS CHIEF OPERATING OFFICER	40 00			X				25,000	0	1,464

1b Total . . . . . ▶	170,374	0	2,848

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,262,479			
	g	Noncash contributions included in lines 1a-1f $ 1,797,896					
	h	**Total.** Add lines 1a-1f		3,262,479			
Program Service Revenue			Business Code				
	2a	Agency Fees	624,100	52,713	52,713		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		52,713			
	3	Investment income (including dividends, interest and other similar amounts)		10,022			10,022
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses	4,298				
	c	Gain or (loss)	-4,298				
	d	Net gain or (loss)		-4,298			-4,298
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900,099	2,459			2,459
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		2,459			
	12	**Total revenue.** See Instructions		3,323,375	52,713	0	8,183

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,940,900	1,940,900		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,250	1,250		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	263,581	131,790	74,713	57,078
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	322,685	215,336	53,140	54,209
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	35,805	21,299	7,691	6,815
9 Other employee benefits	83,084	51,046	15,926	16,112
10 Payroll taxes	54,356	32,334	11,676	10,346
11 Fees for services (non-employees)				
a Management				
b Legal	4,495		4,495	
c Accounting	111,218		111,218	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	63,355	37,687	13,609	12,059
12 Advertising and promotion	5,000	2,974	1,074	952
13 Office expenses	146,965	91,939	36,322	18,704
14 Information technology	8,688	5,168	1,866	1,654
15 Royalties				
16 Occupancy	20,512	12,202	4,406	3,904
17 Travel	21,836	12,990	4,690	4,156
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,540	33,039	11,930	10,571
23 Insurance	1,928	1,147	414	367
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a training	9,501	5,652	2,041	1,808
b miscellaneous	1,417	843	304	270
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	3,152,116	2,597,596	355,515	199,005
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,227	1	106,905
	2	Savings and temporary cash investments		1,127,331	2	1,088,355
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,212	4	2,358
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		4,232	7	2,806
	8	Inventories for sale or use		45,328	8	50,954
	9	Prepaid expenses and deferred charges		19,689	9	13,290
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 427,991			
	b	Less accumulated depreciation	10b 213,824	178,001	10c	214,167
	11	Investments—publicly traded securities		106,588	11	128,017
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,850	15	99,488
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,495,458	16	1,706,340
Liabilities	17	Accounts payable and accrued expenses		137,775	17	59,659
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		0	25	91,638
	26	**Total liabilities.** Add lines 17 through 25		137,775	26	151,297
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,357,683	27	1,555,043
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,357,683	33	1,555,043
	34	Total liabilities and net assets/fund balances		1,495,458	34	1,706,340

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Family Giving Tree

Employer identification number
77-0284682

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,979,747	2,969,342	3,459,023	3,555,838	3,262,479	15,226,429
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,979,747	2,969,342	3,459,023	3,555,838	3,262,479	15,226,429
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						161,342
6 **Public Support.** Subtract line 5 from line 4						15,065,087

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,979,747	27,230	3,459,023	3,555,838	3,262,479	15,226,429
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,317	27,230	25,563	14,536	10,022	86,668
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			900		2,459	3,359
11 **Total support** (Add lines 7 through 10)						15,316,456

12	Gross receipts from related activities, etc (See instructions)	12	226,569

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 360 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99 180 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Family Giving Tree

Employer identification number
77-0284682

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		17,928	3,820	14,108
d Equipment				
e Other		410,063	210,004	200,059
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				214,167

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEPOSITS	7,850
457(F) PLAN ASSETS	91,638
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* . . . . . ▶	99,488

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
457(F) PLAN PAYABLE	91,638
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	91,638

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,323,375
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,152,116
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	171,259
4	Net unrealized gains (losses) on investments	4	26,101
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	26,101
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	197,360

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,577,185
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	26,101		
b	Donated services and use of facilities	2b	227,709		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	253,810
3	Subtract line **2e** from line **1**			3	3,323,375
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,323,375

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,379,825
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	227,709		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	227,709
3	Subtract line **2e** from line **1**			3	3,152,116
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,152,116

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
		In June 2006, the FASB issued ASC 740-10 (formerly Interpretation No 48, Accounting for Uncertainty in Income Taxes - an interpretation of FASB Statement NO 109, (FIN 48)) ASC 740-10 PROVIDES GUIDANCE ON RECOGNITION AND MEASUREMENT OF UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN FINANCIAL STATEMENTS BY PRESCRIBING A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN EFFECTIVE APRIL 1, 2009 THE ORGANIZATION IMPLEMENTED THE NEW ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FASB ASC 740-10 ACCORDINGLY, AN ENTITY SHALL INITIALLY RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Family Giving Tree

Employer identification number
77-0284682

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 57

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE ORGANIZATION REQUESTS PROOF OF 501(C)(3) STATUS OR CONFIRMATION OF STATUS AS A PUBLIC SCHOOL

Additional Data Return to Form

Software ID:
Software Version:
EIN: 77-0284682
Name: Family Giving Tree

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALUM ROCK EDUCATIONAL FOUNDATION2475 VAN WINKLE LANE SAN JOSE,CA 95116	77-0523774	501(c)3		11,562	FMV	BACKPACKS & TOYS	GENERAL SUPPORT
ALUM ROCK SCHOOL DISTRICT - MIGRANT EDUCATION2930 GAY AVENUE SAN JOSE,CA 95127	77-0016360	501(c)3		5,198	FMV	TOYS & CLOTHING	GENERAL SUPPORT
AMERICAN INDIAN ALLIANCE467 SARATOGA AVENUE 626 SAN JOSE,CA 95129	77-0475265	501(c)3		8,432	FMV	TOYS & CLOTHING	GENERAL SUPPORT
ARRIBA JUNTOS1850 MISSION STREET SAN FRANCISCO,CA 94103	94-1663434	501(c)3		11,550	FMV	TOYS & CLOTHING	GENERAL SUPPORT
BURNETT ELEMENTARY SCHOOL400 FANYON ST MILPITAS,CA 95035		501(c)3		5,280	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
CALVARY TEMPLE UNAVAILABLE UNAVAILABLE,CA 99999		501(c)3		46,200	FMV	TOYS & CLOTHING	GENERAL SUPPORT
CATHOLIC CHARITIES - WASHINGTON UNITED YOUTH CENTER921 S 1ST STREET SUITE B SAN JOSE,CA 95110	94-2762269	501(c)3		6,352	FMV	TOYS & CLOTHING	GENERAL SUPPORT
CENTRAL VALLEY PROJECT unavAILABLE TURLOCK,CA 95380		501(c)3		134,327	FMV	TOYS & CLOTHING	GENERAL SUPPORT
CHINATOWN CDC - TURK STREET APARTMENTS201 TURK STREET SAN FRANCISCO,CA 94102	94-2514053	501(c)3		5,082	FMV	TOYS & CLOTHING	GENERAL SUPPORT
CITY TEAM MINISTRIES 2304 ZANKER ROAD SAN JOSE,CA 95131	94-1501285	501(c)3		115,500	FMV	TOYS & CLOTHING	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COPS THAT CARE (MOUNTAIN VIEW POLICE) 1000 VILLA ST MOUNTAIN VIEW,CA 94040	94-6003791	501(c)3		34,650	FMV	TOYS & CLOTHING	GENERAL SUPPORT
CRITTENDEN MIDDLE SCHOOL1701 ROCK STREET MOUNTAIN VIEW,CA 94043	93-0991812	501(c)3		6,880	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
DE ANZA COLLEGE OTI 21250 STEVENS CREEK BOULEVARD CUPERTINO,CA 95014	94-3258220	501(c)3		5,920	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
DORSA ELEMENTARY SCHOOL1290 BAL HARBOR DRIVE SAN JOSE,CA 95122		501(c)3		19,336	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
EAST PALO ALTO ACADEMY2037 PULGAS AVE EAST PALO ALTO,CA 94303	20-2699147	501(c)3		7,232	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
EAST PALO ALTO POLICE DEPARTMENT141 DEMETER ST EAST PALO ALTO,CA 94303		501(c)3		7,900	FMV	TOYS & CLOTHING	GENERAL SUPPORT
ECUMENICAL HUNGER PROGRAM2411 PULGAS AVENUE EAST PALO ALTO,CA 94303	94-2476942	501(c)3		57,750	FMV	TOYS & CLOTHING	GENERAL SUPPORT
EDEN PALMS APARTMENT - CATALONIA5398 MONTEREY ROAD SAN JOSE,CA 95111	94-3315887	501(c)3		5,775	FMV	TOYS & CLOTHING	GENERAL SUPPORT
EHC LIFE BUILDERS - SOBRATO FAMILY LIVING CENTER1509 AGNEW ROAD SANTA CLARA,CA 95054	94-2684272	501(c)3		5,082	fMV	tOYS & CLOTHING	GENERAL SUPPORT
ESCUELA POPULAR HIGH SCHOOL149 NORTH WHITE ROAD SAN JOSE,CA 95110	77-0354277	501(c)3		6,400	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY GIVING TREE - ADOPT A FAMILY606 VALLEY WAY MILPITAS,CA 95035	77-0284682	501(c)3		18,980	FMV	TOYS & CLOTHING	GENERAL SUPPORT
FUTURE FAMILIESBILL WILSON CENTER3490 THE ALAMEDA SANTA CLARA,CA 95050	94-2221849	501(c)3		6,400	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
GARDNER ACADEMY502 ILLINOIS AVE SAN JOSE,CA 95125	94-6002609	501(c)3		10,240	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
GLIDE MEMORIAL CHURCH 330 ELLIS STREET SAN FRANCISCO,CA 94102	94-1156481	501(c)3		57,750	FMV	TOYS & CLOTHING	GENERAL SUPPORT
HARVEST FELLOWSHIP CHURCH620 42ND ST OAKLAND,CA 94609		501(c)3		10,441	FMV	TOYS & CLOTHING	GENERAL SUPPORT
HIDAYA FOUNDATION 1765 SCOTT BOULEVARD 115 SANTA CLARA,CA 95050	77-0502583	501(c)3		5,590	FMV	TOYS & CLOTHING	GENERAL SUPPORT
INNVISION974 WILLOW STREET SAN JOSE,CA 95125	77-0033628	501(c)3		13,467	FMV	TOYS & CLOTHING	GENERAL SUPPORT
JOHN J MONTGOMERY ELEMENTARY2010 DANIEL MALONEY DR SAN JOSE,CA 95121	77-0225132	501(c)3		9,600	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
KIDANGO44000 OLD WARM SPRINGS BLVD FREMONT,CA 94538	94-2581686	501(c)3		13,908	fMV	bACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
LOAVES & FISHES FAMILY KITCHEN508 VALLEY WAY MILPITAS,CA 95035	77-0370874	501(c)3		8,085	FMV	TOYS & CLOTHING	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACSA660 SINCLAIR DRIVE SAN JOSE,CA 95116	94-1635200	501(c)3		9,933	FMV	TOYS & CLOTHING	GENERAL SUPPORT
MAJESTIC WAY ELEMENTARY1855 MAJESTIC WAY SAN JOSE,CA 95132		501(c)3		5,760	fMV	bACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
MARIANO CASTRO ELEMENTARY505 ESCUELA AVE MOUNTAIN VIEW,CA 94040	93-0991812	501(c)3		5,952	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
MARTIN ELEMENTARY35 SCHOOL STREET S SAN FRANCISCO,CA 94080	94-3083861	501(c)3		5,760	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
MILPITAS FIREFIGHTERS 777 SOUTH MAIN STREET MILPITAS,CA 95035		501(c)3		11,180	fMV	tOYS & CLOTHING	GENERAL SUPPORT
MISSION NEIGHBORHOOD CENTERSHEAD START362 CAPP STREET SAN FRANCISCO,CA 94110		501(c)3		8,778	FMV	TOYS & CLOTHING	GENERAL SUPPORT
MOMENTUM FOR MENTAL HEALTH2001 THE ALAMEDA SAN JOSE,CA 95126	94-1496052	501(c)3		6,930	FMV	TOYS & CLOTHING	GENERAL SUPPORT
MOTHER BRANCH HOMELESS SHELTER2584 FARRINGTON WAY EAST PALO ALTO,CA 94303		501(c)3		23,100	FMV	TOYS & CLOTHING	GENERAL SUPPORT
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE 234 EAST GISH ROAD SUITE 200 SAN JOSE,CA 95112	94-2420708	501(c)3		23,100	FMV	TOYS & CLOTHING	GENERAL SUPPORT
OUTREACH 95117 PROGRAM3207 WILLIAMSBURG DRIVE APT 4 SAN JOSE,CA 95117		501(c)3		8,778	FMV	TOYS & CLOTHING	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRENATAL ADVANTAGE BLACK INFANT HEALTH 2415 UNIVERSITY AVENUE 2ND FLOOR EAST PALO ALTO,CA 94303		501(c)3		5,775	fMV	tOYS & CLOTHING	GENERAL SUPPORT
SACRED HEART COMMUNITY SERVICE1381 SOUTH FIRST ST SAN JOSE,CA 95110	23-7179787	501(c)3		21,216	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
SALVATION ARMY - SAN JOSE359 N 4TH STREET SAN JOSE,CA 95112	94-1170408	501(c)3		69,300	FMV	TOYS & CLOTHING	GENERAL SUPPORT
SAMARITAN HOUSE1515 S CLAREMONT STREET SAN MATEO,CA 94402	23-7416272	501(c)3		23,100	FMV	TOYS & CLOTHING	GENERAL SUPPORT
SAN FRANCISCO RESCUE MISSION230 JONES STREET SAN FRANCISCO,CA 94102	94-3163872	501(c)3		80,842	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
SAN JOSE EAST BAY SOCCER LEAGUE1268 CATHAY DRIVE SAN JOSE,CA 95122		501(c)3		10,857	FMV	TOYS & CLOTHING	GENERAL SUPPORT
SAN JOSE UNIFIED SCHOOL DISTRICT HOMELESS CHILDREN1149 EAST JULIAN STREET BUILDING G SAN JOSE,CA 95116	94-6002606	501(c)3		9,600	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
SANTA CLARA COUNTY PUBLIC HEALTH DEPT REGION 5614 TULLY ROAD SAN JOSE,CA 95111	94-6000533	501(c)3		6,930	FMV	TOYS & CLOTHING	GENERAL SUPPORT
SJB CHILD DEVELOPMENT CENTERS1400 PARKMOOR AVE SUITE 220 SAN JOSE,CA 95126	94-1747079	501(c)3		16,170	FMV	TOYS & CLOTHING	GENERAL SUPPORT
STRONG NEIGHBORHOOD INITIATIVE200 E SANTA CLARA ST 14TH FLOOR SAN JOSE,CA 95113	77-0427923	501(c)3		60,545	FMV	TOYS & CLOTHING	GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMOS MAYFAIR370-B SOUTH KING ROAD SAN JOSE,CA 95116	77-0499913	501(c)3		8,085	FMV	TOYS & CLOTHING	GENERAL SUPPORT
SPANGLER ELEMENTARY SCHOOL140 N ABBOTT MILPITAS,CA 95035		501(c)3		5,472	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO,CA 94102	94-1513140	501(c)3		9,600	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
ST VINCENT DE PAUL SOCIETY1375 CARLTON AVENUE MENLO PARK,CA 94025	94-1376833	501(c)3		18,480	FMV	TOYS & CLOTHING	GENERAL SUPPORT
SUNNYVALE COMMUNITY SERVICES725 KIFER ROAD SUNNYVALE,CA 94086	94-1713897	501(c)3		69,796	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
TEEN CHALLENGE NORWESTCAL NEVADA740 CAMDEN AVENUE SUITE A CAMPBELL,CA 95008	77-0071828	501(c)3		5,760	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT
THEUERKAUF SCHOOL UNavAILABLE UNAVAILABLE,CA 99999	93-0991812	501(c)3		8,320	FMV	BACKPACKS AND SCHOOL SUPPLIES	GENERAL SUPPORT

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Family Giving Tree

Employer identification number
77-0284682

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No

Total . . . . . ▶ $

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
ROBERT CULLENBINE	FATHER OF E D	18,441	SEE SCH OROBERT'S COMPANY, FOCUS, PROVIDED CONSULTING SERVICES TO THE ORGANIZATION		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Family Giving Tree

Employer identification number
77-0284682

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (BACKPACKS/SCHOOL SUPPLIES)	X	9,837	417,518	COST
26	Other ▶ (HOLIDAY GIFTS)	X	43,652	1,380,378	COST
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Family Giving Tree

Employer identification number
77-0284682

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		EACH BOARD MEMBER IS PROVIDED A COPY OF THE 990 THE AUDIT AND THE FINANCE COMMITTEES OF THE BOARD OF DIRECTORS REVIEW AND APPROVE FOR FILING OF THE FORM 990
Form 990, Part VI, Section B, line 15		THE BOARD OF DIRECTORS REVIEW THE PERFORMANCE AND COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER ANNUALLY THE BOARD OF DIRECTORS RECEIVE COMPENSATION SURVEY INFORMATION PREPARED BY COMPASS POINT TO EVALUATE THE SALARY AND COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR AS WELL AS THE CHIEF OPERATING OFFICER THE CHIEF FINANCIAL OFFICER IS AN OUTSIDE CONSULTANT, AND HIS COMPENSATION PACKAGE IS ALSO DETERMINED THROUGH THE ABOVE PROCESS
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS, ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST, AND THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE
FORM 990, PART VI, SECTION B, POLICIES, LINE 12C	ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY	AT YEAR END THE ORGANIZATION DID NOT HAVE A FORMAL POLICY IN PLACE HOWEVER, AT THE TIME OF THE FILING OF THE 2009 FORM 990, A POLICY HAS BEEN ADOPTED AND PUT INTO PLACE
FORM 990, PART I, PRIOR YEAR COLUMN (2008)	2008 RESTATEMENT OF ACTIVITY	THE 2008 TAX RETURN WAS PREPARED USING METHODS INCONSISTENT WITH IRS INSTRUCTIONS FOR THIS REASON, THE 2008 NUMBERS HAVE BEEN RESTATED ON PAGE 1 OF THE 2009 990 TO CORRECTLY REFLECT THE ACTIVITY AND PROPERLY COMPARE YEAR TO YEAR REVENUE AND EXPENSES